

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/089488**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2	1					
3	1					
4						
5		1				
6	1					
7						
8						
9		08				
10		0				
11		0				
12	1					
13		0				
14		0				
15		0				
16		0				
17		0				
18		0				
19		0				
20		0				
21	1					
22	1					
23		2				
24	1					
25	1					
26						
27						
28						
29						
30						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			7			
TOTAL DEP.			16			
TOTAL CLAIMS			23			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campbell  
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